

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**59-013880**

STATE FILE NUMBER

**FILED APR 28 1959** Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 15

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Holden Mo.</u> Length of stay in 1b <u>28 YRS</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Holden</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>Holden Mo</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <u>DANIEL</u> Middle <u>PHELPS</u> Last <u>BRADBURY</u>				<b>4. DATE OF DEATH</b> Month <u>APRIL</u> Day <u>16</u> Year <u>1959</u>									
<b>5. SEX</b> <u>MALE</u>		<b>6. COLOR OR RACE</b> <u>W</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>NOV 9 1883</u>		<b>9. AGE</b> (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>7</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>					
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Acres Farm</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Argentine Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13. FATHER'S NAME</b> <u>Thomas Jefferson Bradbury</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Clara Jane Paul</u>				<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>44390-534</u>					
<b>16. SOCIAL SECURITY NO.</b> <u>44390-534</u>				<b>17. INFORMANT</b> <u>Stella Bradbury</u> Address <u>Holden Mo</u>				<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pericardial Hypertension Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u> <u>443X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Advanced Hypertrophic Arthritis</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 or 4 months</u> <u>several days</u> <u>several years</u>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>				<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour <u></u> a. m. <u></u> p. m. Month, Day, Year <u></u>				<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>				<b>20f. CITY, TOWN, OR LOCATION</b> <u>Holden, Missouri</u>				<b>20g. COUNTY</b> <u>Johnson</u> <b>STATE</b> <u>Missouri</u>					
<b>21. I attended the deceased from</b> <u>Oct. 16, 1958</u> <b>to</b> <u>April 16, 1959</u> <b>and last saw</b> <u>her</u> <b>alive on</b> <u>April 15, 1959</u> <b>Death occurred at</b> <u>12:00</u> <b>A. m.</b> <b>on the date stated above; and to the best of my knowledge, from the causes stated.</b>													
<b>22a. SIGNATURE</b> (Degree or title) <u>Thomas P. Wescott M.D.</u>				<b>22b. ADDRESS</b> <u>Holden, Missouri</u>				<b>22c. DATE SIGNED</b> <u>April 16, 1959</u>					
<b>23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)</b> <u>Burial</u>				<b>23b. DATE</b> <u>4-18-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Holden Cemetery</u>				<b>23d. LOCATION</b> (City, town, or county) (State) <u>Holden Mo</u>			
<b>24. FUNERAL DIRECTOR</b> <u>Canada &amp; Sons</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>Apr 21-59</u>				<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs H. D. Redford</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 16 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
.....

Licensed Embalmer No...4...

P. O. Address.....  
Holden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.